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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT	Application Number	09/823,410
	Filing Date	03/30/2001
	First Named Inventor	Hon Wah Chin
	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	21216-05044

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Technology Center 2600

To: Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

The client has requested the transfer of the application to another form.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

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<input checked="" type="checkbox"/> Firm or Individual Name	Mr. David Fox Cantor Colburn, LLP				
Address	55 Griffin Road South				
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City	Bloomfield	State	CT	Zip	06002
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Telephone	(860) 286-2929	Fax			

- ☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number _____
on whose behalf I have signed this request and on whose behalf I am authorized to sign. The request is enclosed in triplicate (including any attachments).

Name	Eileen A. Lehmann	39,2727
Signature	<i>Eileen A. Lehmann</i>	
Date	8/14/02	

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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